PTQ/\$8/97 (08-03)

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- PETITION FOR ONE MONTH EXTENSION

(PTO/\$B/22), in duplicate;

- RCE (PTO/SB/30), in duplicate; and

- AMENDMENT (8 pages).

CUSTOMER NO.: 24498

Serial No.:

10/522,111

Docket No.:

PF020097

Art Unit:

2621

Examiner:

Heather Rae Jones

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 15

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PTO/SB/17 (01/06)
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Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (N.R. 4818). RECEIVED 10/522,111 Application Number FEE TRANSMITTAL CENTRAL FAX CENTER January 25, 2005 Filing Date for FY 2007 Franck Abelard First Named Inventor MAR 12 5 2009 Heather Rae Jones Examiner Name 2621 □ Applicant claims small entity status. See 37 CFR 1.27 Art Unit PF020097 **IOTAL AMOUNT OF PAYMENT** 940.00 Attorney Docket No METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498 Other (please identity): ☐ Credit card ☐ Money Order □ None THOMSON LICENSING LLC Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of □ Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES FILING FEES Small Entity Small Entity **Small Entity** Fee (\$) Fees Pald (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Application Type <u>Fee (\$)</u> 250 200 100 Utility 300 150 500 130 65 Design 200 100 100 50 200 300 150 160 80 Plant 100 300 150 500 250 600 300 Reissue O O Provisional 200 100 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reisaues) 200 100 Each Independent claim over 3 (including Reissues) Multiple dependent claims 360 180 Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) or HP = \$ Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Independent Claims Fee (\$) \$200 - or HP = 0 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Pald (5) **Total Sheets** - 100 = / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification. \$130 fee (no small entity discount) Other (e.g., late filling surcharge): FEE FOR ONE MONTH EXTENSION - \$130.00 \$940.00 RCE FEE - \$810.00 SUBMITTED BY Registration No REITSENGALIN 42,804 (609) 734-6813 Name (Print/Type) by/Agent) Yelephone March 25, 2009 Signature

PTD/SB/17 (01/08)

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FEE TRANSMITTAL for FY 2007				Application Number	10/522,111			EIV
				Filing Date	January 25	January 25, 2005 CENT		
				First Named Inventor	Franck Abo	elard		
			Examiner Name	Heather Ra	e Jones	MAR_2	5 20	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	2621			
TOTAL AMOUNT OF F		(5) 940.00		Attorney Docket No.	PF020097			, -
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small Entity					EXAMINATION FEES Small Entity			
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